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	PAT	Application or Docket Number 89417705								
		CLAIMS AS	FILED	– PART I (Co	SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY		
	FOR	NUMB	ER FILED	NUMBE	R EXTRA	RATE	DATE		DATE	
	IC FEE CFR 1.16(a))		· NOMBE			KATE	FEE	1	RATE	FEE
TOT	AL CLAIMS						S	OR	<u> </u>	S
	CFR 1.16(c)) EPENDENT CLAI	MS .	minus 20) = '		× s=		OR	x s=	
(37	CFR 1.16(b))		minus 3	3 = .		x \$=		OR	x s =	
MUL	TIPLE DEPENDE	NT CLAIM PRESE	NT (37 CFR 1.16(d))	+ s=		OR	+ s=		
. 100	he difference in (column 1 is less tha	an zero, e	nter "0" in column	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										
		(Column 1)	T	(Column 2)	SMALL E	ENTITY	OR.	OTHER THAN SMALL ENTITY		
AMENDMENT&	D	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1.16(c))	· H	Minus	" HO	=	x s=		OR	x s =	
I EN	Independent (37 CFR 1.16(b))	1 2	Minus	" 2	=	x s=		OR	x s_ =	
8	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	+s =		OR	+ \$ =	/	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)			•		7
AMENDMENT B	_	CLAIMS REMAINING AFTER AMENDMENT	,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOI	Total (37 CFR 1.16(c))		Minus	**	=	x s=		OR	x \$=	
MEN	Independent (37 CFR 1.16(b))	<u> </u>	Minus	***	=	x \$=		OR	x \$=	"
Ą	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	+ \$=		OR	+s =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			•		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Δ	Total (37 CFR 1.16(c))		Minus		=	x s=		OR	x s=	
AMENDMENT	(37 CFR 1.16(b))		Minus	***	=	x s=		OR	x \$=	
	FIRST PRESENT	TATION OF MULTIPL	É DEPEND	ENT CLAIM (37 CF	+ \$=		OR	+ \$ =	-	
		 ,			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. 										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOI															
	Effective November 10, 1998														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN			
FOR			NUMBER FILED			NUMBER EXTRA			RATE FEE			RATE	FE	Έ	
BASIC FEE										380.00	OR		760	.00	
TOTAL CLAIMS			9	minus 2	20=	•		X\$ 9)=		OR	X\$18=			
INDEPENDENT CLAIMS			/ minus 3 =			•			X39=		OR	X78=			
MU	LTIPLE DEPEN	DENT (CLAİM PI	RESENT				+130)=		OR	+260=			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2								٩L		OR	TOTAL	1/4	$c\mathcal{D}$	
(Column 1) (Column 2) (Column 3)								OTHER SMALL ENTITY OR SMALL E							
NTA		REM/ AF	AIMS AINING TER DMENT		PR	HIGHEST NUMBER NEVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL	
AMENDMENT	Total	. 4	3	Minus	**	20	=	X\$ 9)=		OR	X\$18=			
ME	Independent	*	1	Minus	***		-	X39	=		OR	X78=	\Box		
-	FIRST PRESE	NTATIC	N OF MI	JLTIPLE DEF	PEND	ENT CLAIM		+130)=		OR	+260=			
							on al		TAL			TOTAL	\vdash		
	B (Column 1) (Column 2) (Column 3)								FEE		10	ADDIT. FEE			
ENDMENT 8		CL REM AF	JMN 1) AIMS AINING TER IDMENT		PF	RIGREST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE	
2	Total	. 6).	Minus	**	20	= /	X\$ 9)=		OR	X\$18=)	
AME	Independent	*		Minus	***	3	=	X39	=		OR	X78=	\Box		
FIRST PRESENTATION OF MOLTIFIE DEPENDENT COMM								+130)=		OR	+260=	7		
	DIE					6	23-op	ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)											/	,	·	
AMENDMENT C		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Ε·	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE	
¥Q.Z	Total	*	<u> </u>	Minus	**	20	7	X\$ 9)=		OR	X\$18=\			
AME	Independent	• /		Minus	944	U	=	X39	-		OR	X78=			
۴	FIRST PRESE	NTATIC	N OF M	ULTIPLE DEI	PEND	DENT CLAIM	——	+130	=		OR	+260=	1		
1:	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TAL		\	TOTAL ADDIT, FEE			
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											1				